

I. FACILITY LOCATION AND CONTACT INFORMATION

KPDES General Permit No:	
DNR Permit No.:	
Permittee Name:	
Address:	
City/State/Zip Code:	
Contact Name:	
County:	Telephone Number:

II. REASON FOR TERMINATION

Attach any supporting documentation such as complete bond releases for all increments.

III. WHERE TO SUBMIT

Signed copies of this form must be submitted to the Inventory and Data Management Section of the KPDES Branch at the following address:

**Section Supervisor
Inventory and Data Management Section
KPDES Branch
Kentucky Division of Water
14 Reilly Road
Frankfort Office Park
Frankfort, Kentucky 40601**

IV. Certification: I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this document and any attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (Print or Type)	TITLE
SIGNATURE:	DATE: